

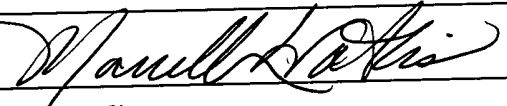
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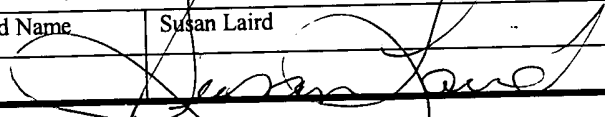
Please type a plus sign (+) inside this box → +

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/992,084
		Filing Date	11/19/2001
		First Named Inventor	Peng Jiang, et al
		Group Art Unit	1712
		Examiner Name	R. Lovering
Total Number of Pages in This Submission	12	Attorney Docket Number	1789-09300

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 month) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Acknowledgement Post Card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Marcella D. Watkins, Reg. 36,962
Signature	
Date	October 9, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.			
Typed or Printed Name	Susan Laird	Date	October 9, 2003
Signature			

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FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 55.00

METHOD OF PAYMENT (Check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
- ☒ Deposit Account:
Deposit Account Number: 03-2769
Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	\$
1002 340	2002 170	Design filing fee	\$
1003 530	2003 265	Plant filing fee	\$
1004 770	2004 385	Reissue filing fee	\$
1005 160	2005 80	Provisional filing fee	\$

SUBTOTAL (1) \$0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	20** = * x	18.00	= \$
Independent Claims	3** = * x	86.00	= \$
Multiple Dependent		290.00	= \$00.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent Claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$0.00

** or number previously paid, if greater; For Reissues, see above

Complete if Known

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Filing Date	11/19/2001
First Named Inventor	Peng Jiang et al.
Examiner Name	R. Lovering
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	\$
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	\$
1053 130	1053 130	Non-English specification	\$
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	\$
18042 920*	1804 920*	Requesting publication of SIR prior to Examiner action	\$
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	\$
1251 110	2251 55	Extension for reply within first month	\$ 55.00
1252 420	2252 210	Extension for reply within second month	\$
1253 950	2253 475	Extension for reply within third month	\$
1254 1,480	2254 740	Extension for reply within fourth month	\$
1255 2,010	2255 1,005	Extension for reply within fifth month	\$
1401 330	2401 165	Notice of Appeal	\$
1402 330	2402 165	Filing a brief in support of an appeal	\$
1403 280	2403 140	Request for oral hearing	\$
1451 1,510	1452 1,510	Petition to institute a public use proceeding	\$
1452 110	2452 55	Petition to revive - unavoidable	\$
1453 1,330	2453 665	Petition to revive - unintentional	\$
1501 1,330	2501 665	Utility issue fee (or reissue)	\$
1502 480	2502 240	Design issue fee	\$
1503 640	2503 320	Plant issue fee	\$
1460 130	1460 130	Petitions to the Commissioner	\$
1807 50	1806 50	Processing fee under 37 CFR 1.17(g)	\$
123 50	123 50	Petitions related to provisional applications	\$
1806 180	1806 180	Submission of Information Disclosure Stmt	\$
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	\$
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))	\$
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))	\$
1801 770	2801 385	Request for Continued Examination (RCE)	\$
1802 900	1802 900	Request for expedited examination of a design application	\$

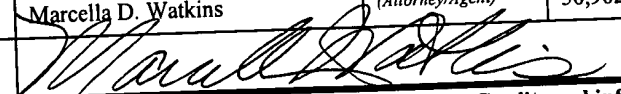
Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$55.00

Complete (if applicable)

SUBMITTED BY

Name (Print/Type)	Marcella D. Watkins	Registration No. (Attorney/Agent)	36,962	Telephone	(713) 238-8000
Signature		Date	October 9, 2003		

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